New	Renewal
-----	---------



For office use only:
Licensing Year:
License No.: Date Issued:

### **CEREAL MALT BEVERAGE LICENSE SUPPLEMENTAL WORKSHEET**

BUSINESS ADDRESS	BUSINESS PHONE				
CONTACT PERSON	PHONE NUMBER				
MAILING ADDRESS FOR RENI	EWALS				
KANSAS SALES TAX NUMBER	(If just applied for, please write applied for in this space, if you need the forms; call 785-296-4937)				
Principal enterprise of the busine	(Please specify: tavern, grocery store, cafe, private club, etc.)				
Date	Signature				
	For Office Use Only:				
	remises \$200.00 Unopened Packages \$50.00 + \$25.00 State Revenue Stamp = Total Paid \$ Date Received by				
Amount \$	+ \$25.00 State Revenue Stamp = Total Paid \$				
Amount \$ Receipt No	+ \$25.00 State Revenue Stamp = Total Paid \$  DateReceived by				
Amount \$ Receipt No  The sanitary facilities (DO / DO I	+ \$25.00 State Revenue Stamp = Total Paid \$  DateReceived by  Certificate of Health Department				
Amount \$ Receipt No  The sanitary facilities (DO / DO I for (CONSUMPTION ON PREM Date	+ \$25.00 State Revenue Stamp = Total Paid \$				
Amount \$ Receipt No  The sanitary facilities (DO / DO I for (CONSUMPTION ON PREM Date	+ \$25.00 State Revenue Stamp = Total Paid \$				
Amount \$ Receipt No  The sanitary facilities (DO / DO I for (CONSUMPTION ON PREM Date	+ \$25.00 State Revenue Stamp = Total Paid \$				

#### **Certificate of Police Department**

- 1. The applicant (HAS/HAS NOT) been convicted of a felony within two year immediately preceding the date of making this application.
- 2. The applicant (HAS/HAS NOT) been convicted of a crime involving moral turpitude within two years immediately preceding the date of making this application.
- 3. The applicant (HAS/HAS NOT) been adjudged guilty of drunkenness within two years immediately preceding the date of making this application.
- 4. The applicant (HAS/HAS NOT) been adjudged guilty of driving a motor vehicle while under the influence of intoxication liquors within two years immediately preceding the date of making this application.
- 5. The applicant (HAS/HAS NOT) been convicted of the violation of any state or federal intoxicating liquor law within two years immediately preceding the date of making this application.

Date	Police Department
	•

7/5/05

I hereby (APPROVE / DISAPPROVE) this application.

# (This form prepared by the Attorney General's Office) (Individual Application Form) APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES

	,COUNTY, KANSAS		<del></del>
то т			_, KANSAS
and th	or  BOARD OF COUNTY COMMISSIONERS OF  I hereby apply for a license to retail cereal malt beverages in conform the rules and regulations prescribed and hereafter to be prescribed by you all malt beverages; for the purpose of securing such license, I make the form	nity with the laws of the Si u relating to the sale or di	tate of Kansas stribution or
1.	(a)Name of proposed licensee		
	(b) Age		
	(c) Place and date of birth		
	(d) Residence address		
	(e) I have been a resident of the State of Kansas		years.
	(f) I have been a resident of	County	years.
2.	(a) The legal description of said property is		
	(b) The street number is		
	(c) The building to be used is		
	(d) The business will be conducted under the following name:		
3.	The name and address of the owner or owners of the premises upon located are:	which the proposed busi	ness will be
4.	I am a citizen of the United States. Yes ( ), No ( ).		
	(a) My citizenship arises by birth ( ). naturalization ( ).		
	(b) My place of naturalization and the date thereof is as follows	:	
5.	I have ( ), have not ( ), been convicted of a felony within two of this application.	years immediately preced	ling the date

6.	I have immedi	( ) have not ( ), been convicted of a crime involving moral turpitude within two years iately preceding the date of this application.
7.	I have immedi	( ), have not ( ), been convicted of a crime involving drunkenness within two years iately preceding the date of the application.
8.	I have intoxica	( ), have not ( ), been convicted of driving a motor vehicle while under the influence of ating liquors within two years immediately preceding the date of this application.
9.	I have within t	( ), have not ( ), been convicted of a violation of any state or federal intoxicating liquor law wo years immediately preceding the date of this application.
10.	My plac	ce of business will be conducted by a manager or agent - Yes ( ), No ( )
	a.	If the answer above is yes, the name, age, and residence of manager or agent is
		Said manager or agent does ( ) does not ( ), have the qualifications to have a license issued in his own name. The same to be determined by reference to K.S.A. 41-2702 and 41-2703. Specifics concerning the manager's residence, citizenship, and the answers to question 5 through 9 are as follows:
11.	I have making	( ), have not ( ), been a resident of this State for at least one year immediately preceding this application.
12.	My spo	buse would ( ), would not ( ), be eligible to receive a retailer's license.
13.		oplication is for a license to retail cereal malt beverages: for consumption on the premises ( ), in I and unopened containers and not for consumption on the premises ( ).
		A license fee of \$is submitted herewith.

comply with all of the laws of the State of Kansas, to be prescribed by you, relating to the sale or dis- purchase all cereal malt beverages from a wholes	and all the rules tribution of cerea aler licensed an	
		(Signature of Applicant)
STATE OF KANSAS, COUNTY OF		, ss.
I, read the contents of this application, and that all in So help me God.	, the above nformation and a	e-names applicant, do solemnly swear that I have answers herein contained are complete and true.
SUBSCRIBED AND SWORN TO before me this_	day o	(Signature of Applicant)  f (Character of official administering oath)
My commission expires on the	day of	,
APPLICATION APPROVED this	<del></del>	,
Ву		(Official position)
of	, Kansas	
(City or county)		
Recorded in Volume	, at page	

NOTE: A PHOTOCOPY OF THE COMPLETE FORM, TOGETHER WITH THE APPLICATION FEE REQUIRED BY K.S.A. 2001 SUPP. 41-2702(e), MUST BE SUBMITTED TO THE **DIVISION OF ALCOHOLIC BEVERAGE CONTROL BUREAU, KANSAS DEPARTMENT OF REVENUE.** 

Rvd 08/2006

# DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS SPECIAL TAX REGISTRATION AND RETURN ALCOHOL AND TOBACCO

	(Please Read Instruction						
SECTION I - TAXPAYER IDENTIFYING INFORMATION  1. EMPLOYER IDENTIFICATION NUMBER (Required see instructions)  2. BUSINESS TELEPHONE NUMBER ()					FOR ATF USE ONLY		
3. NAME (Last, First, Middle) or CORPORATE NAME (If Corporation)					Т		
3. NAME (Last, First, Middle) or CORPORATE NAME (if Corporation)							
4. TRADE NAME					FF		
					FP		
5. MAILING ADDI	ı	l					
6. CITY	STATE		ZIP COD	E	Т		
					9. TAX PERIOD COVERING		
	ACTUAL LOCATION (IF DIFF	ERENT THAN ABOV	E)		FROM:		
7. PHYSICAL AD	DRESS OF PRINCIPAL PLACE OF BUSINE	SS (Show street addre	ess)			(mm/dd/y	<u>v)</u>
							*/
8. CITY	STATE		ZIP COD	E	TO: Jun	e 30,	<del></del>
	SEC	TION II - TAX COMPI	JTATION			(33)	
TAX CLASS I	DESCRIPTION (FOR ITEMS MARKED*, SEE	INSTRUCTIONS)	MONTHLY	ANNUAL	LOCATIONS	TAX DUE	CODE
	(a)	,	(b)	(c)	(d)	(e)	(f)
RETAIL	Liquors (Distilled spirits, wine or beer)		\$20.83 1/2	\$250			11
DEALER	Beer only	\$20.83 1/3	250			12	
	Liquors (Distilled Spirits, Wine or Beer) - at	large	\$20.83 1/2	250			15
	Beer only - at large		\$20.83 1/2	250			16
WHOLESALE	Distilled spirits, wine or beer		\$41.66 2/3	500			31
DEALER	Beer only		\$41.66 2/3	500			32
BREWER	Regular rate		\$83.33 1/2	1000			41
Biterieit	REDUCED rate*		\$41.66 <sup>2</sup> / <sub>3</sub>	500			43*
NONBEVERAGE	DRAWBACK CLAIMANT			500			51
INDUSTRIAL	User of specially denatured alcohol		\$20.83 1/3	250			55
ALCOHOL	Dealer in specially denatured alcohol		\$20.83 1/3	250			56
ALOGINOL	User of tax-free alcohol	\$20.83 1/3	250			57	
ALCOHOL	Proprietor of alcohol fuel plant		\$83.33 1/3	1000			58
PRODUCERS	Proprietor of alcohol fuel plant - REDUCED	*	\$41.66 <sup>2</sup> / <sub>3</sub>	500			59*
MODUCENS	Proprietor of distilled spirits plant		\$83.33 1/2	1000	<u>;</u>		81
	Proprietor of distilled spirits plant - REDUC	FD*	\$41.66 <sup>2</sup> / <sub>3</sub>	500			86*
	Proprietor of bonded wine cellar	EU.	\$83.33 1/3	1000			82
	Proprietor of bonded wine cellar - REDUCE	:n*	\$41.66 2/2	500			87*
	Proprietor of bonded wine warehouse		\$83.33 1/3	1000			83
	Proprietor of bonded wine warehouse - RE	DUCED*	\$41.66 2/3	500			88*
	Proprietor of taxpaid wine bottling house	DOOLD	\$83.33 1/2	1000	+	,	84
	Proprietor of taxpaid wine bottling house - I	SEUTICED*		500			89*
TORACCO	Manufacturer of tobacco products	NEDOCED	\$41.66 <sup>2</sup> / <sub>3</sub> \$83.33 <sup>1</sup> / <sub>3</sub>	1000			91
TOBACCO	Manufacturer of tobacco products - REDUC	\$41,66 <sup>2</sup> / <sub>2</sub>	500			95*	
PRODUCTS	Manufacturer of tobacco products - NEDOC Manufacturer of cigarette papers and tubes		···	1000			92
			\$83.33 1/3				<del></del>
	Manufacturer of cigarette papers and tubes	- VENAČEN	\$41.66 2/3	500 1000			96* 93
	Proprietor of export warehouse  Proprietor of export warehouse - REDUCE	Π*	\$83.33 1/3	500	+		93 97*
MAKE CHECK OF M	ONEY ORDER PAYABLE TO "BUREAU OF ALCOHO		\$41.66 <sup>2</sup> / <sub>3</sub>		TOTAL TAY D	L	91
DENTIFICATION NUI PA 15250-7962. Under penalties of per	MBER ON THE CHECK AND SEND IT WITH THE RE jury, I declare that the statements in this return/registral	TURN TO BUREAU OF AT	F, P.O. BOX 371962, P	e and belief; that			
	y to the specified business and location or, where the literation of Title 26. United States Code 7206, is punishable						

DATE

ATF F 5630.5 (10-99) PREVIOUS EDITIONS ARE OBSOLETE

TITLE

for not more than 3 years, or both, with the costs of prosecution added thereto.

SIGNATURE

	•	SECTION II	I - BUSINESS REGI	STR/	ATION			
10. OWNERSHIP INFORMATION: (Check One Box Only)		AL OWNER	PARTNERSHIP		CORPOR	ATION [	OTHER (Specify)	
11. OWNERSHIP RESPONSIBILI	TY: (Read instruc		a separate sheet of ρ	арег	if additiona	space is ne		
FULL NAME		ADDRESS					POSITION	
FULL NAME		ADDRESS					POSITION	
FULL NAME	ADDRESS			POSITION				
FULL NAME	ULL NAME ADDRESS						POSITION	
FULL NAME		ADDRESS			· · · · · · · · · · · · · · · · · · ·		POSITION	
12. GROSS RECEIPTS less	s than \$500,000 (	(See instructions	s for reduced rate tax	paye	rs on the at	tached instru	uction sheet)	
13. NEW BUSINESS (NOTE BEVERAGE SALES BEC BUSINESS COMMENCE	GAN; PRODUCEI					DATE OF	CHANGE (mm, dd, yy)	
14. EXISTING BUSINESS W	VITH CHANGE IN	<b>1</b> :						
(a) NAME/TRADE	E NAME (Indicate	e)					HANGE (mm, dd, yy)	
(b) ADDRESS (In	dicate)					DATE OF CHANGE (mm, dd, yy)		
(c) OWNERSHIP (Indicate)			DATE OF CHANGE (mm, dd, yy)					
(d) EMPLOYER IDENTIFICATION NUMBER (OLD: NEW:: )			DATE OF C	TE OF CHANGE (mm, dd, yy)				
(e) BUSINESS 7	TELEPHONE NU	MBER						
15. DISCONTINUED BUSIN	ESS					DATE BUS	NESS DISCONTINUED (mm, dd, yy)	
PAPERWORK REDUCTION ACT NOTICE  This information is used to ensure compliance by taxpayers of P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue Laws of the United States. ATF uses the information to determine and collect the right amount of tax.  The estimated average burden associated with this collection of information is .8 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226.  An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.								
	(SE	E ATTACH	IED INSTRUC	CTIC	ON SHE	ET)	ATF F 5630.5 (10-99)	
							~!! I 0000'0 (10-99)	